



Department of Veterans Affairs

REQUEST FOR CHANGE OF VA EDUCATION PROGRAM OR PLACE OF TRAINING
For Veterans, Servicepersons, & Members of the Selected Reserve

IMPORTANT: Please read the attached instructions before completing this form. Please type or use ink to complete the form. If you need more space, use the back of this form and write the item number next to your answer.

1. VA FILE NUMBER AND/OR SOCIAL SECURITY NUMBER

2. FIRST-MIDDLE-LAST NAME OF APPLICANT

3A. HOME TELEPHONE NO.
(Include Area Code)

3B. WORK TELEPHONE NO.
(Include Area Code)

4. MAILING ADDRESS (No. and address or rural route, city or P.O., State and ZIP Code)

5. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS? YES ☐ NO ☐

YOUR PROGRAM

6. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD? (Highest degree or occupation)

7. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING? (Specific degree, major, certificate, diploma)

8. HOW WILL YOU TAKE THIS TRAINING?

- ☐ SCHOOL ATTENDANCE ☐ COOPERATIVE TRAINING
☐ CORRESPONDENCE ☐ FLIGHT TRAINING
☐ APPRENTICESHIP OR ON-THE-JOB TRAINING ☐ INDEPENDENT STUDY
DISTANCE LEARNING/INTERNET

9A. NAME OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT

9B. NAME OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT

10. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT.

CURRENT DEPENDENCY INFORMATION

ANSWER ONLY IF YOU'RE RECEIVING CHAPTER 30 (MGIB) BENEFITS AND SERVED ON ACTIVE DUTY BEFORE JANUARY 2, 1978.

11A. ARE YOU CURRENTLY MARRIED?
YES ☐ NO ☐

12. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM? _____

11B. SPOUSE'S NAME

13. DO YOU CLAIM ANY PARENTS AS DEPENDENTS?
YES ☐ NO ☐

CURRENT ACTIVE DUTY INFORMATION

14. ARE YOU NOW ON ACTIVE DUTY?

☐ NO (IF NO, GO TO ITEM 16A) ☐ YES (IF YES, GIVE DATE ACTIVE DUTY BEGAN) _____

15. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING?

☐ YES ☐ NO (BE SURE TO HAVE YOUR EDUCATION SERVICE OFFICER COMPLETE ITEM 17.)

CERTIFICATION AND SIGNATURE OF APPLICANT

I HEREBY CERTIFY THAT all my statements on this form are true and complete to the best of my knowledge and belief.

PENALTY: Willful false statements as to a material fact in a claim for educational benefits is a punishable offense and may result in forfeiture of these and other benefits, and in criminal penalties.

16A. SIGNATURE OF APPLICANT (Do Not Print)

16B. DATE SIGNED

CERTIFICATION NEEDED FOR PERSONS ON ACTIVE DUTY

(THIS ITEM DOESN'T APPLY TO SELECTED RESERVISTS OR VETERANS NOT ON ACTIVE DUTY.)

I CERTIFY THAT this individual is a member of the Armed Forces and has consulted with me regarding his or her education program.

17A. SIGNATURE, TITLE, AND BRANCH OF SERVICE OF EDUCATION SERVICE OFFICER

17B. DATE SIGNED

INSTRUCTIONS & INFORMATION

When Should You Use This Form?

You should use this form if:

- you're changing schools, or
- you're changing your educational, professional, vocational goal, or
- you left your program due to unsatisfactory attendance, progress, or conduct; and you're now reentering the same program, or
- you were receiving VA education benefits as a veteran and now wish to receive benefits while on active military duty.

Instructions for Specific Items on the Form

Most items on this form request information that you know. Here are a few things you should keep in mind when completing the following items:

Item #1 The number that appears on your benefit checks and on all mail we've sent is your VA File number. Usually your Social Security number is your VA file number. Write your Social Security number in item #1. If you also have a VA File number that's different from your Social Security number, write it in the box as well.

- Item #6** Here are some examples of what we mean by "goals":
- Educational goal: GED certificate, high school diploma, bachelor degree, master degree, Ph.D.
 - Profession goal: lawyer, physician, teacher, physical therapist, medical technologist, medical records librarian.
 - Vocational goal: stenographer, machinist, electronic technician, X-ray technician, radio and TV service technician, automobile mechanic, practical nurse

Item #9A If you're changing schools or training establishments, show your new school or training establishment here.

Items #11, 12 & 13 If you're receiving Montgomery GI Bill benefits (also known as chapter 30 or MGIB) and you had military service before January 2, 1978, you may qualify for increased education benefits for having dependents. Complete a VA Form 686c if there's been a change in your dependents.

Item #17 Your Education Service Officer must sign the form if you're on active duty. This doesn't apply if you're in the Selected Reserves, or if you're been discharged from service.

If You Need Help

If you need help in completing this form, or if you want information about our work-study program or direct deposit, call us toll free at 1-888-GI-BILL-1 (1-888-442-4551.) If you're hearing impaired call 1-800-829-4833. Please call 1-800-827-1000 if you want a VA counselor to help you in planning your program. You can also contact us through our home page on the World Wide Web (internet.) Our national home page address is:

<http://www.gibill.va.gov>